

IPW

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**REVOCATION OF POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEY**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
William R. Laux
Serial No.: 10/631,090
Filed: July 30, 2003
For: Portable Light with Removable,
Interchangeable Signal Covers

Group Art Unit: 2875
Examiner: Bao Truong

**REVOCATION OF POWER OF ATTORNEY AND NEW POWER
OF ATTORNEY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The attached form *PTO/SB/82 Revocation of Power of Attorney with New Power
of Attorney and Change of Correspondence Address* executed by the Applicant on
August 16, 2004 is hereby presented.

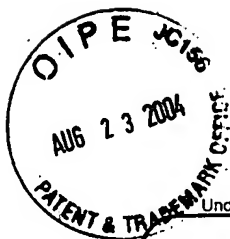
In re Appl. of: William R. Laux
Serial No.: 10/631,090
Filed: July 30, 2003
For: Portable Light with Removable, Interchangeable Signal Covers
August 20, 2004

If there has been any recent correspondence from the Patent Office to the previous attorney, it is respectfully requested that the Examiner inform the undersigned of such fact and arrange for a copy or copies to be forward to the undersigned.

Respectfully submitted,

Charles A. Wilkinson

Charles A. Wilkinson
Attorney for the Inventor
Registration No. 20,891



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BY: cm

PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/631,090
Filing Date	July 30, 2003
First Named Inventor	William R. Laux
Art Unit	2875
Examiner Name	Bao Truong
Attorney Docket Number	330

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

000046359

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	William R. Laux		
Signature	<u>William R. Laux</u>		
Date	8-16-04	Telephone	(908) 475-1355

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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